11/26/2008 16:15

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Minnesota Life Insurance Company PAC 400 Robert Street North ADDRESS (number and street) Check if different than previously St Paul MN 55101 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00120006 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: **Termination Report** (TER) in the 04 2008 MN 11 Election on State of 10 0 1 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Allen Peterson Type or Print Name of Treasurer Electronically Filed by Allen Peterson 11 26 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Minnesota Life Insurance Company PAC [®] D " D 24 1.0 0 1 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 11360.44 2008 January 1 (b) Cash on Hand at 3905.44 Begining of Reporting Period 1410.00 8455.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 5315.44 19815.44 6(a) and 6(c) for Column B) 3000.00 17500.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2315.44 2315.44 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period:

м м 1 0

From:

01

2008

To:

м м 1 1 D 2 4

^Y 2008

Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1220.00 190.00 1410.00 0.00	4635.00 3820.00 8455.00 0.00
Than Political Committees (i) Itemized (use Schedule A)	190.00 1410.00 0.00	3820.00 8455.00
(i) Itemized (use Schedule A)	190.00 1410.00 0.00	3820.00 8455.00
(b) Political Party Committees	0.00	8455.00
(b) Political Party Committees	0.00	8455.00
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)		0.00
(such as PACs)	0.00	
		0.00
		0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1410.00	8455.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
All Loans Neceived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	2.22
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
). Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	1410.00	8455.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	1410.00	8455.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committeesand Other Political Committees	3000.00	17500.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3000.00	17500.00
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3000.00	17500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	1410.00	8455.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1410.00	8455.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one) X 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	rson for the purpose of soliciting contributions	
Minnesota Life Insurance Company F	YAU	
Full Name (Last, First, Middle Initial) George Connolly		Date of Receipt
Mailing Address 400 Robert Street No	11 24 2008	
City	State Zip Code	Transaction ID: SA11AI.5660
St Paul	MN 55101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Minnesota Life Insurance Co	Occupation Senior Vice President	monthly payroll deduction \$10.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial) Guy deLambert	Date of Receipt	
Mailing Address 400 Robert Street No	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.5661
St Paul FEC ID number of contributing federal political committee.	MN 55101	Amount of Each Receipt this Period 80.00
Name of Employer Minnesota Life Insurance Company	Occupation Second Vice President	monthly payroll deduction \$40.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Jean Delaney Nelson		Date of Receipt
Mailing Address 400 Robert Street No	1 1 2 4 2 0 0 8	
City	State Zip Code	Transaction ID: SA11Al.5662
St Paul	MN 55101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer Minnesota Life Insurance Co	Occupation Senior Vice President	monthly payroll deduction \$40.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
UBTOTAL of Receipts This Page (optional)	•	180.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13 (check only one) X
or f	y information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company F	e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Sue Ebertz			Date of Receipt
	Mailing Address 400 Robert Street No. City	State	Zip Code	1 1 2 4 2 0 0 8 Transaction ID: SA11Al.5663
	St Paul FEC ID number of contributing federal political committee.	C	55101	Amount of Each Receipt this Period 80.00
	Name of Employer Minnesota Life Insurance Co Receipt For: Primary General Other (specify)	Occupation Vice Pres Aggregate		monthly payroll deduction \$40.00
	Full Name (Last, First, Middle Initial) Robert Ehren Mailing Address 400 Robert Street N			Date of Receipt
	City	State	Zip Code	1 1 2 4 2 0 0 8 Transaction ID: SA11AI.5664
	St. Paul FEC ID number of contributing federal political committee.	C	55101	Amount of Each Receipt this Period 120.00
	Name of Employer Minnesota Life Insurance Co	Occupation Senior Vid	ce President	monthly payroll deduction \$60.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	
	Full Name (Last, First, Middle Initial) Craig Frisvold			Date of Receipt
	Mailing Address 400 Robert Street No.	rth		11 24 2008
	City St Paul	State MN	Zip Code 55101	Transaction ID: SA11AI.5665 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Minnesota Life Insurance Co	Occupation Vice Pres	ident	monthly payroll deduction \$20.00
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	
sı	JBTOTAL of Receipts This Page (optional) .	1		240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark Green Mailing Address 400 Robert Street 1	M. H.		Date of Receipt
City	State	Zip Code	1 1 2 4 2 0 0 8 Transaction ID: SA11AI.5666
St Paul FEC ID number of contributing federal political committee.	C	55101	Amount of Each Receipt this Period 40.00
Name of Employer Minnesota Life Insurance Company Receipt For:	Occupation Manager Aggregate		monthly payroll deduction \$20.00
Primary General Other (specify) ▼	1991 19410	220.00	
Full Name (Last, First, Middle Initial) Thomas Gustafson Mailing Address 400 Robert Street I	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.5667
St Paul	MN	55101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Minnesota Life Insurance Comapny		/ice President	monthly payroll deduction \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Greg Hammerly	'		Date of Receipt
Mailing Address 400 Robert Street I	Vorth		11 24 2008
City St Paul	State MN	Zip Code 55101	Transaction ID: SA11AI.5668
FEC ID number of contributing federal political committee.	C	33101	Amount of Each Receipt this Period 40.00
Name of Employer Minnesota Life Insurance Co	 	/ice President	monthly payroll deduction \$20.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]
SUBTOTAL of Receipts This Page (optional	al)		120.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 13 (check only one) X 11a
or for o	formation copied from such Reports and sommercial purposes, other than using the ME OF COMMITTEE (In Full) nnesota Life Insurance Company F	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ful Pai	I Name (Last, First, Middle Initial) Il Hirschboeck Iling Address 400 Robert Street No.			Date of Receipt
City		State MN	Zip Code 55101	Transaction ID: SA11AI.5669 Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee.	С		40.00 monthly payroll deduction
<u>Co</u>	me of Employer nnesota Life Insurance ceipt For: Primary General Other (specify)		n Vice President e Year-to-Date ▼ 220.00	\$20.00
Ga	Name (Last, First, Middle Initial) ry Kleist iling Address 400 Robert Street No.	rth		Date of Receipt
City	/	State	Zip Code	Transaction ID: SA11AI.5670
<u>St</u>	Paul	MN	55101	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		80.00 monthly payroll deduction
Mir <u>Co</u>	me of Employer nnesota Life Insurance mpany		Vice President	\$40.00
Red	ceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 440.00	
	Full Name (Last, First, Middle Initial) Dave LePlavy			Date of Receipt
Ма	iling Address 400 Robert Street No.	rth		1 1 2 4 2 0 0 8
City		State	Zip Code	Transaction ID: SA11AI.5671
FE	Paul C ID number of contributing eral political committee.	C	55101	Amount of Each Receipt this Period 40.00
	me of Employer nnesota Life Insurance mpany	Occupation Second	n Vice President & Controller	monthly payroll deduction \$20.00
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	
SUBT	OTAL of Receipts This Page (optional) .			160.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 13 (check only one) X 11a
or for commercia	copied from such Reports and S al purposes, other than using the OMMITTEE (In Full) Life Insurance Company P	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Catherine Mc	ast, First, Middle Initial) Carty ess 400 Robert Street Nor	th		Date of Receipt 1 1 2 4 2 0 0 8
City St Paul		State MN	Zip Code 55101	Transaction ID: SA11AI.5673 Amount of Each Receipt this Period
Name of Em Minnesota Li Company Receipt For:		Occupation Manager Aggregate		monthly payroll deduction \$40.00
Lynne Mills	Full Name (Last, First, Middle Initial) Lynne Mills Mailing Address 400 Robert Street North			Date of Receipt 1 1 2 4 2 0 0 8
City St Paul		State MN	Zip Code 55101	Transaction ID: SA11AI.5674 Amount of Each Receipt this Period
	ber of contributing al committee.	C		80.00
Name of Em Minnesota Li Company Receipt For: Primary Other (fe Insurance	Occupation Vice Pres		monthly payroll deduction \$40.00
Full Name (L Robert Olafso	Full Name (Last, First, Middle Initial) Robert Olafson			Date of Receipt
Mailing Addre	ess 400 Robert Street Nor	th		1 1 2 4 2 0 0 8
City <u>St Paul</u>		State MN	Zip Code 55101	Transaction ID: SA11AI.5675 Amount of Each Receipt this Period
	ber of contributing al committee.	C		100.00
Name of Em Minnesota Li Co	ployer fe Insurance	, '	ice President	monthly payroll deduction \$50.00
Receipt For: Primary Other (y General specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of	Receipts This Page (optional)	1		260.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Statomente ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 13 (check only one) X
or fo	Information copied from such Reports and sor commercial purposes, other than using the IAME OF COMMITTEE (In Full) Minnesota Life Insurance Company P	e name and ad	dress of any political committee to	os solicit contributions from such committee.
4. <u>P</u>	Full Name (Last, First, Middle Initial) Paul Rudeen Mailing Address 400 Robert Street Nor	Date of Receipt 1 1 2 4 2 0 0 8		
	City St Paul	State MN	Zip Code 55101	Transaction ID: SA11AI.5677 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		40.00
<u>C</u>	lame of Employer Minnesota Life Insurance Co Receipt For: Primary General Other (specify) ▼		on Vice President e Year-to-Date ▼ 220.00	monthly payroll deduction \$20.00
B. <u>B</u>	Full Name (Last, First, Middle Initial) Bruce Shay Mailing Address 400 Robert Street Nor	Date of Receipt		
	City	State	Zip Code	Transaction ID: SA11AI.5678
F	St Paul FEC ID number of contributing ederal political committee.	C	55101	Amount of Each Receipt this Period 80.00
N <u>C</u>	lame of Employer Jinnesota Life Insurance Co Receipt For: Primary General Other (specify)	1	on l'ice President e Year-to-Date ▼ 440.00	monthly payroll deduction \$40.00
. <u>N</u>	Full Name (Last, First, Middle Initial) Mary Anne Smith Mailing Address 400 Robert Street North			Date of Receipt 1 1 2 4 2 0 0 8
	Dity	State	Zip Code	Transaction ID: SA11AI.5679
F	St Paul FEC ID number of contributing ederal political committee.	C	55101	Amount of Each Receipt this Period 50.00
<u>C</u>	lame of Employer dinnesota Life Insurance Co	Occupation Second	on Vice President	monthly payroll deduction \$25.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
SIII	BTOTAL of Receipts This Page (optional)	ı		170.00

A.

В.

SCHEDULE A (FEC Form 3X)

PAGE 12/13 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Minnesota Life Insurance Company PAC Full Name (Last, First, Middle Initial) Date of Receipt Nancy Winter Mailing Address 400 Robert Street North 24 2008 1.1 City State Zip Code Transaction ID: SA11AI.5680 St Paul MN 55101 Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. monthly payroll deduction \$40.00 Name of Employer Minnesota Life Insurance Occupation Second Vice President Company Receipt For: Aggregate Year-to-Date General Primary 440.00 Other (specify) Full Name (Last, First, Middle Initial) Jerry Woelfel Date of Receipt Mailing Address 400 Robert Street North 24 2008 City State Zip Code Transaction ID: SA11AI.5681 St Paul MN 55101 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. monthly payroll deduction \$10.00 Name of Employer Minnesota Life Insurance Occupation Second Vice President Company Receipt For: Aggregate Year-to-Date ▼

510.00

SUBTOTAL of Receipts This Page (optional)	•	90.00
TOTAL This Period (last page this line number only)	•	1220.00

Primary

Other (specify)

General

A.

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5(CHEDULE B (FEC Form 3X	Use separate sche	AUTIO(C)	LINE NUMBER: PAGE 13 / 13			
IT	EMIZED DISBURSEMENTS		of the (Crieck	only one) 22 X 23 28a 28b	24 25 26 28c 29 30b		
	y Information copied from such Reports and for commercial purposes, other than using t						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	Minnesota Life Insurance Company	PAC					
	Full Name (Last, First, Middle Initial)			Transaction ID); SB23.5692		
	NORM COLEMAN FOR US SENAT	≣		Date of Disburs	sement		
	Mailing Address 1410 Energy Park Suite 11	Drive		111 / 12	20 7 2008		
	City ST PAUL	State Zip Cod MN 55108		Amount of Each	h Disbursement this Period		
	Purpose of Disbursement Year to date aggregate \$13,000.00			1	3000.00		
	Candidate Name NORM COLEMAN FOR US SENAT	≣	Category/ Type				
	Office Sought: House C X Senate President	isbursement For: 200 Primary G X Other (specify)	08 eneral				
	State: MN District: F	ecount					

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<u> </u>	3000.00